



# REPAINT PERMIT APPLICATION



Community & Economic Development  
Planning & Redevelopment  
2200 Civic Center Place, Miramar, FL 33025  
Tel: (954) 602-3264  
<http://www.miramarfl.gov>



UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING APPLICATION FOR A REPAINT PERMIT AND ALL ATTACHMENTS TO THE APPLICATION AND THAT THE FACTS STATED IN IT ARE TRUE.

\_\_\_\_\_  
INITIALS

## APPLICATION CHECKLIST

Requirement		✓
1	Completed, signed and notarized application	
2	Color chips and/or materials to be used (See Section 5)	
3	<b>Option 1:</b> Site plan/Aerial view of subject site with highlighted buildings to be painted and proposed paint pattern	
	<b>Option 2:</b> Photographs of the subject site with proposed color swatches on building face	

Application No.
Application Received Date

**PLEASE PRINT OR TYPE ALL INFORMATION.** If the Property Owner is also the Applicant, then only Section 2 is required to be completed. If the Applicant and Property Owner are different, then both Sections 1 & 2 must be completed.

<b>1</b>	<b>APPLICANT INFORMATION</b>
Name:	
E-mail:	Phone #:
Mailing Address:	
<b>2</b>	<b>PROPERTY OWNERSHIP INFORMATION</b>
Name:	
Signature:	
E-mail:	Phone #:
Address:	
Proof of Ownership (Select One):    Warranty Deed    /    Tax Record    /    Broward County Property Appraiser (BCPA)	
<b>NOTARIZATION</b>	
STATE OF FLORIDA/COUNTY OF _____	
The foregoing instrument was acknowledged before me this _____ day of _____, _____, by _____	
(Signature of Notary Public - State of Florida)	
(Print, Type, or Stamp Commissioned Name of Notary Public)	
Personally Known _____ OR Produced Identification _____ Type of Identification Produced _____	

<b>3</b>	<b>GENERAL INFORMATION</b>												
Property Parcel ID Number:	5	1											
Property Address:													
Is the request a result of Code Enforcement Action? *If so, please state the Code Case No. below.									YES		NO		
Code Enforcement Case No.:													
Will your organization be repainting with service from a contractor? *If yes please complete Section 4.									YES		NO		
<b>4</b>	<b>CONTRACTOR INFORMATION</b>												
Company Name:													
Company Address:													
License:													
Company Contact Name (If Applicable):													
Phone #:				Email:									
<b>5</b>	<b>PAINT DETAIL &amp; ADDITIONAL INFORMATION</b>												
<ul style="list-style-type: none"> <li>▪ Please complete the Paint Detail form on Page 3 and submit with this application package.</li> </ul>													
<ul style="list-style-type: none"> <li>▪ A Repainting Permit Application Fee of \$53.50 is due before Issuance of Permit.</li> </ul>													
<ul style="list-style-type: none"> <li>▪ The scope of work must be completed within 180 days of the Issued Permit Date. If work has not been completed by the expiration date, the Applicant may request a 30 day extension. Once work has been completed, the Applicant must schedule a Final Zoning Inspection.</li> </ul>													
OFFICE USE ONLY				◆	RESULTS				◆	OFFICE USE ONLY			
Results:					REQUEST FOR APPROVAL GRANTED					REQUEST DENIED			
Permit Reviewer:								Signature:					
Conditions of Approval:													
Reason for Denial:													
Repaint Permit Expires:													

PRIMARY WALLS & COLUMNS (Base Color)	FASCIA
MANUFACTURER	MANUFACTURER
COLOR CODE	COLOR CODE
COLOR NAME	COLOR NAME
FINISH/TEXTURE	FINISH/TEXTURE
<p>ATTACH SAMPLE</p> <p>PLACE COLOR CHIP HERE</p>	<p>ATTACH SAMPLE</p> <p>PLACE COLOR CHIP HERE</p>
SECONDARY WALLS & COLUMNS (Accent or Trim Color)	SECONDARY WALLS & COLUMNS (Accent or Trim Color)
MANUFACTURER	MANUFACTURER
COLOR CODE	COLOR CODE
COLOR NAME	COLOR NAME
FINISH/TEXTURE	FINISH/TEXTURE
<p>ATTACH SAMPLE</p> <p>PLACE COLOR CHIP HERE</p>	<p>ATTACH SAMPLE</p> <p>PLACE COLOR CHIP HERE</p>